

Policy

Health departments or combinations of two or more health departments who are “in good standing” as determined by their over-all health department review process may request certification as a Dispensary for TB Clinical Services. This will enable the health department(s) to obtain funding from the Wisconsin TB Program for the care of uninsured and underinsured persons with TB disease or infection.

The TB Program will provide consultation, guidance and review of the health department TB programs, policies, procedures and clinical practices to ensure that they are in compliance with Wisconsin statutes, administrative codes and established standards of practice, particularly those outlined in HFS 145.12(1) through (3) and HFS 145.13.

On-site review will be conducted to ensure that all services provided or arranged for are consistent with CDC and TB Program guidelines, clinical standards of practice for TB control and elimination and that these services are provided in keeping with the goals of the Strategic Plan for the Elimination of TB in Wisconsin.

A letter of certification will be granted enabling the health department(s) to bill the TB Program for TB clinical services once all requirements are satisfied.

The operations of the dispensary will be reviewed at least every five years. If a certification is withheld, suspended or revoked it shall be for failure to comply with the requirements outlined in Wisconsin Administrative Code at HFS 145.12(4)(b). Notice of this decision will be provided 30 days prior to its effective date according to HFS 145.12(4)(c) and any appeal process that is requested will be implemented as defined in HFS 145.12(5)(a) and (b).

Procedure

A. Initial Request and Follow-Up

1. Health department(s) request orally or in writing to become a certified dispensary
2. TB Program (TBP) or the local health department notifies the Regional Nurse Consultant of the request
3. Regional Nurse Consultant (RNC) confirms to the TB Program:
 - the status of the health department in relation to the latest public health department review
 - the status of the health department regarding a Medical Assistance (MA) provider number and whether billing MA is done properly by the health department for TB services for eligible patients and clients
4. Discussion between RNC and TBP, initiated by either party, reviews any particular issues or problems that need special attention
5. Coordination, degree of involvement and attendance at meetings is determined jointly by the health department and the RNC depending upon the needs and priorities in the local and regional areas. The local health department keeps RNC informed.

6. The TB Program, the local health department or the RNC may request continued dialog, meetings or phone conferences that are necessary for clarification

B. Initial Informational Meeting and Follow-Up

1. An informational meeting is held with the health department by the TB Program so that questions from the health department can be answered to their satisfaction about the process and the outcomes of becoming a dispensary (See appendix for handouts provided. These are adjusted as any new material or information becomes available.)
 - a) Dispensary certification requirements are reviewed and a copy of the administrative code, HFS 145.12 and HFS 145.13 is provided
 - b) Key points and priorities for TB clinical services are reviewed to ensure that TB services are provided according to the priorities of the Strategic Plan for Elimination of TB in Wisconsin
 - c) Samples of typical clinical patient and client scenarios are reviewed
 - d) Reimbursement samples are given based on the current Medicaid reimbursement rates and the website address for MA rates is provided for future monitoring of MA reimbursement rates by the health department or their community partners
 - e) The need for a Dispensary Plan is reviewed and a draft sample is provided
 - f) A sample Memorandum of Understanding (MOU) is reviewed and the responsibilities of both the health department and the TB Program are discussed and clarified
 - g) Discussion is held to determine if there is an arrangement in place for a negative pressure respiratory precautions/isolation room in the community should the health department have person(s) with suspected or confirmed infectious pulmonary disease needing hospitalization. For any community without this arrangement, the health department is instructed to establish verbal or written agreements with providers who can accommodate persons with this need.
2. Any unresolved questions or issues that surface or are pending after the initial meeting are clarified by the TB Program and communicated to the health department so that the health department has all the information needed to determine if they wish to proceed with dispensary certification.

C. Request to Proceed with the Certification Process

1. After time for consideration and evaluation of the benefits and responsibilities of becoming a dispensary, the health department notifies the TB Program of its intent to proceed with becoming a dispensary
2. The health department proceeds with submission of at least the following documents:
 - a) A dispensary plan that ensures the provision of:
 - ☐ Tuberculin skin testing
 - ☐ Medication for treatment of tuberculosis disease and infection
 - ☐ Directly observed therapy
 - ☐ Tuberculosis contact investigation
 - ☐ Case management
 - ☐ Sputum specimen collection and induction
 - ☐ Medical evaluation by a physician or nurse

- ☐ Chest radiographs
 - ☐ Collection of serologic specimens
- b) A plan for tuberculosis prevention and control at the local level, including on which high-risk groups the health department is focusing efforts for active disease case finding and early identification and treatment of LTBI for persons who are at risk of breaking down with disease, particularly close and high-risk contacts, especially children and any person who is immunosuppressed.
- c) A description or copy of the verbal or written agreements with community providers that the health department has established or is developing to ensure the provision of TB services that are clinically indicated but are not directly provided by the health department. This will be unique to each community but may include such services as:
- ☐ Medical evaluations by physicians
 - ☐ Chest radiographs
 - ☐ Sputum induction services
 - ☐ Respiratory Precautions/Isolation/negative pressure environment
- d) A copy of the draft Memorandum of Understanding that is being developed between the Division of Public Health and the local health department as well as a description of its review status within the health department management system
- e) A Description or demonstration of the referral arrangements, logistics and record keeping to be used by the health department for providing and arranging for TB services that will include at least the following:
- ☐ Name of each person served
 - ☐ Date the service for each person was provided
 - ☐ Type of service that was provided
 - ☐ Fees charged, amount billed and amount received
- f) Description or demonstration of how this information will be made available for audit by the TB Program as authorized in HFS 145.12(4)(a)

D. Consultation/Review Visits - TB Program and Health Department

1. All items in Section III. will be reviewed by the TB program and the delivery of TB services by the health department staff will be observed by TB Program staff
2. TB Program Review will include determining that the health department has:
 - a) Up to date resources readily available for staff to access
 - b) Policies, procedures and clinical practices that are consistent with:
 - ☐ State and Federal regulatory requirements
 - ☐ CDC standards and protocols for treatment
 - ☐ Official joint statements of the American Thoracic Society and the CDC
 - ☐ Directives from the State of Wisconsin Epidemiologist
 - ☐ TB Program Guidelines and Division of Public Health directives and with current established clinical standards of practice, especially those identified in HFS 145.12

- c) Budget estimate projections for the state fiscal year submitted by the health department will be reviewed by the TB Program and decisions about proceeding with an initial funding estimate will be communicated to the health department by the TB Program.
- 3. The TB Program and the health department will interface and collaborate until obstacles to care delivery are eliminated and the TB Program is assured that services delivered will meet all regulatory requirements and standards of clinical practice

E. Certification as a Dispensary for TB Clinical Services

- 1. **The health department will submit two signed originals of the final MOU signed by the health department administrative and financial officials to the TB Program. This request is to include a budget outline that describes and supports the amount requested on the MOU that is submitted.**
- 2. The TB Program will forward the two signed original MOUs through Bureau and Division channels to the Division Administrator of the Division of Public Health for signatures.
- 3. When the MOUs are signed to the satisfaction of both the Division and the health department, a letter of certification will be sent to the health department with an effective date for submission of bills and one signed original MOU.

F. Certification Review

- 1. Certification review will be at least every five years
- 2. Liaison between the health department and the TB Program will be on-going

APPENDIX – Informational and Sample Documents

Covered TB Clinical Services Services & Reimbursement Rates Worksheet

Summary of Dispensary Reimbursement HFS 145.13

Key Points on Coverage for Services

Sample Memorandum of Understanding for Tuberculosis Clinical Services

Sample Scenarios for TB Clinical Services Billing

Sample TB Clinical Services Plan

COVERED TB CLINICAL SERVICES & REIMBURSEMENT RATES WORKSHEET (with *example* rates - 02/04)

(Medicaid codes noted for reference purposes only. Rates subject to change.
Access MA Website for updated rates periodically before submitting bills.)
<http://dhfs.wisconsin.gov/medicaid/>

MA Procedure Codes-HCPCS Codes-CPT Codes	Description of Services <i>*(Adapted for TB dispensary coverage interpretations)</i>	MA Rate Per service or per hour	WI TBP Covered - uninsured
71010	CXR, single view, frontal	\$ 17.66/service	Yes
71020	CXR, two views, frontal & lateral	\$ 23.17/service	Yes
71010	Total charge, with interpretation, one view	\$ 27.71/service	Yes
71020	Total charge, with interpretation, two views	\$ 35.42/service	Yes
	Sputum, obtaining specimen (<i>*20 minute PHN visit</i>)		Yes
89350	Sputum, obtaining with aerosol technique (<i>*no meds</i>)	\$ 14.70/service	Yes
94664	Sputum, obtaining with aerosol or vapor inhalations for mobilization, bronchodilation, etc. (<i>*with meds</i>)	\$ 16.82/service	Yes
[W6274] now: 99401 to 99404	Directly Observed Therapy (<i>*Suspect or conf. Active up to total of 66 visits.</i>)	\$ 9.39/15 min - \$ 37.57/hr.	Yes
[W6275] now: 99401 to 99404	TB symptom & treatment monitoring - (<i>*Suspect or conf. Active.</i>)	\$9.39/15 min - \$ 37.57/hr.	Yes
[W6276] now: S9445	Pt. Educ. Non-phys. provider, individual per session (<i>*Suspect or conf. Active.</i>)	\$ 37.57/session.	Yes
[W6273] now: S9445	Pt. Educ. Non-phys. provider, individual per session (One time - initial visit - person with LTBI)	\$ 37.57/session	Yes, One time
T1017 Mod U1	Assessment (prev. W7051) (\$10.82/15 min./\$43.28/hr.)	\$10.82 / \$ 43.27	Yes
T1017 Mod U2	Case planning(prev. W7061)	\$10.82 / \$ 43.27	Yes
T1017 Mod U4	Institutional discharge planning(prev. W7062)	\$10.82 / \$ 43.27	Yes
T1017 Mod U3	Ongoing monitoring & service coor. (prev. W7071)	\$10.82 / \$ 43.27	Yes
86580	TB skin test, intradermal, application plus reading	\$ 9.21/test	Yes
	Blood draw for HIV, LFTs, etc.	\$ 3.88/service	Yes

International Classification of Diseases , Ninth Revision, Clinical Modification Diagnosis Codes	
010.0x-018.9x	Primary tuberculosis (TB) infection Pulmonary TB Other respiratory TB Tuberculosis of meninges and central nervous system Tuberculosis of intestines, peritoneum, and mesenteric glands Tuberculosis of bones and joints Tuberculosis of genitourinary system Tuberculosis of other organs Miliary TB
137.0-137.4	Late effects of TB
771.2	Infections specific to the perinatal period; other congenital infections; congenital TB
795.5	Nonspecific abnormal histological and immunological findings; nonspecific reaction to tuberculin skin test without active TB
V01.1	Contact with or exposure to communicable diseases; TB
V12.01	Personal history of certain other diseases; infectious and parasitic diseases; TB
V71.2	Observation and evaluation for suspected conditions not found;
V72.5	Special investigations and examinations; radiological examination, not elsewhere classified
V74.1	Special screening examination for bacterial and spirochetal diseases; pulmonary TB

SUMMARY OF TB CLINICAL SERVICES REIMBURSEMENT HFS 145.13

April 2005

SERVICES PROVIDED	MA Code (Reference)	Amount Paid	CLINICAL SERVICES VISITS/NEEDS	MAXIMUM BILLABLE SERVICES
TB Skin Testing of high-risk persons*	86580	\$ 9.21/visit (application & reading = one visit)	Suspects = (One may be all that is required, others as indicated) Close & High-Risk Contacts = TWO – one initially, repeat in 90 days High-risk persons, per Dispensary Plan	As appropriate for criteria & according to the Dispensary's Certification Plan
Chest X-rays: CXR interpretation, one view CXR total charge, one view CXR Interpretation, two views CXR total charge, two views	71010 71010 71020 71020	- \$ 17.66/service - \$ 27.71/service - \$ 23.17/service - \$ 35.42/service	One for newly identified significant positive PPD One additional for cases/suspects to document improvement	TWO
Medical Evaluation by a physician or a nurse [HFS 145.12(1)(g)] AKA: Preventive medicine counseling &/or risk factor reduction intervention(s) to an individual [CPT/CPCS]	(Multiple Codes) 99401 99402 99403 99404	- Physician services up to \$70.00/visit - PHN Services – Patient Education & Anticipatory Guidance at \$37.57/hr	- Medical Evaluation, one initial and one interim medical evaluation, as needed - Medical Evaluation by the PHN: Patient Education & Anticipatory Guidance to client & physician (Example: Nursing guidance to identify – Is isolation or acute medical care needed or is a non-urgent medical evaluation OK – Case finding by PHN when person has a significantly + PPD**)	TWO (One for newly identified significant positive PPD, one additional for cases/suspects) (Same as CXRs) As appropriate for care per CDC protocols & Dispensary's Certification
Sputum Collection - Aerosol Induced - no meds	89350	Obtaining Specimen \$14.86/service	Up to three initial and six follow-up	Nine
Sputum Collection - Aerosol Induced - with meds	94664	For sputum mobilization \$16.82/service	Up to three for initial diagnosis and three to confirm sputum conversion	Six
Blood Specimen Collection (Samples done fee-exempt - WSLH)		For liver function tests \$3.88/service	One initial for baseline, three follow-up as indicated	Four
PHN Services for Case Management: Targeted Case Management with modifiers	T1017 - U1 - U2 - U4 - U3	Each service \$10.82/15minutes/ \$43.27/Hour: - Assessment - Case Planning - Institutional Discharge Planning - Ongoing Monit. & Service Coord.	Services necessary & appropriate at \$43.27/hour or \$10.82/15 minutes	Per CDC protocols & Dispensary's Certification Plan, up to sixty six total visits (incl. when combined with DOT services at the visits)
DOT Visits, active disease	(W6274 & W6275) 99401 to 99404	TB Symptom & Treatment Monitoring – Suspects or confirmed active	Services necessary at \$37.57/hour	Sixty-six visits per patient for DOT (case management services done at the same visits are billed to case management services)
DOT, LTBI, High-Risk for disease			Future planning ? - only one C.M. visit for LTBI	

Medicaid codes for reference purposes only. Rates subject to change. Access MA Website for updates to determine billable fees in place when service is delivered.

 MA Website: <http://dhfs.wisconsin.gov/medicaid>

* MMWR June 9, 2000, Vol. 49, No. RR-6

 ** These persons may not be officially classified as "suspects" if they do not meet the WI criteria for definition of what is **reportable** as a **suspect**, but active disease MUST be ruled out when the skin test is positive for risk factor significance to find active disease cases or to identify LTBI in order to protect the health of the public through health department surveillance.

Key Points on Coverage for Services:

April, 2005

- The WI TB Program is the payor of last resort. Medicare, Medicaid, Medicaid-TR (Tuberculosis-Related) Benefit, or any private insurance that is in effect are the primary payor sources for persons with eligibility **or presumed eligibility** for these programs.
- **No person** is to be denied necessary TB services based upon the lack of ability to pay
- All anti-tuberculosis medications are paid for by the WI TB Program for active TB disease and Latent TB infection, separate from TB clinical services. These clients also become clients of the local public health department when receiving these medications through the WI TB Drug Reimbursement Program

New in 2002

- Physician services will be reimbursed comparable to the Medicaid coverage for physician services (Services that are medically indicated & appropriate according to CDC protocols - up to a *maximum* of \$70.00/visit. Call TB Program for additional physician service needs that may exceed \$70.00 per visit.)
 - Physician visits should be billed according to what would normally be billed for MA services – For example, whatever the physician would bill to MA for the services, a like amount should be billed to the health department and subsequently to the TB Program.
- Services are reimbursed at the current MA rate, including any MA adjustments as they occur. Call the TB Program for extenuating circumstances that may need to be considered.
 - Billing to the WITBP by the health department is to be consolidated into quarterly invoices
 - TB Clinical Services are to be delivered according to WI Statutes, Administrative Rule, CDC Protocols and WI TB Program Guidelines. Services for which you want to bill that are not according to protocol must be handled on an individual basis with the WI TB Program Director, often in consultation with the WI TB Program Medical Consultant.
 - Skin Testing for a contact investigation **is** a covered service for persons meeting the definitions of a contact according to the Contact Investigation Guideline. “Administrative tests” done at any time, including during contact investigations are not covered. Screening skin tests in low risk groups or for non-contacts are not covered.
 - Records of clients and services, including what makes up the quarterly billing are to be maintained in the local health department for review/audit by the WI TB Program:
 - The name of each person served
 - The date of service for each person served
 - The type of service provided to each person
 - The amount the dispensary was billed and received for providing service to each person
 - Any net income (if applicable) is to go to Health Department **TB services** as approved by the Bureau of Communicable Diseases
 - Statutory and code terminology is “dispensary”. Locally selected terminology, such as “Tuberculosis Clinical Services”, “Tuberculosis Clinical Services, Clinic or Dept.” or “TB Medical services”, etc. is preferred terminology and may be used

Additional questions can be answered by calling June Doyle, TB Nurse Consultant, Wisconsin Tuberculosis Program at (608) 266-9452.

MA info Web site: <http://dhfs.wisconsin.gov/medicaid4/maxfee.htm#medicaid>

To access the Medicaid data base for updates:

Wisconsin TB Program Web site, www.dhfs.wisconsin.gov/tb
Select: **Provider Resources**, select **Other WI TB Resources**, then **TB-related Medicaid Information**

Memorandum of Understanding for Tuberculosis Clinical Services

This Memorandum of Understanding (MOU) is between the Wisconsin Division of Public Health, Bureau of Communicable Diseases and Preparedness (hereafter referred to as "Bureau") and the _____ Health Department (hereafter referred to as "Health Department") and reflects the responsibilities of both parties with respect to tuberculosis (TB) clinical services as set forth in Wisconsin State Statute 252.10 and Wisconsin Administrative Code HFS 145.12 and HFS 145.13.

The Bureau Agrees

1. To reimburse the Health Department quarterly for the TB dispensary services established, maintained and delivered in accordance with Wisconsin Statutes, Wisconsin Administrative Code, Centers for Disease Control (CDC) protocols and the WI Tuberculosis Program Guidelines.
2. To provide reimbursement to the Health Department in accordance with HFS 145.12 and HFS 145.13 of Administrative Rule. Reimbursement shall be at the medical assistance program rate. The cost of this agreement is not to exceed \$ _____ for the period of July 1, 2005 through June 30, 2006. Costs in excess of this maximum will not be reimbursed unless there is prior, written amendment to this agreement. Reimbursement rate changes and increases made by the medical assistance program during the time period of this agreement may be reflected in the amounts billed for TB dispensary services within this maximum or any amended amount.
3. To provide reimbursement to the Health Department for providing or ensuring the provision of necessary services that are ordered by a physician and/or are implemented in accordance the above identified statutes, rules, guidelines and as established in the plan for tuberculosis prevention and control by the health department. These services include the following:
 - Tuberculin skin testing.
 - Medication for treatment of tuberculosis disease and infection.
 - Directly observed therapy.
 - Tuberculosis contact investigation.
 - Case management.
 - Sputum specimen collection and induction.
 - Medical evaluation by a physician or nurse.
 - Chest radiographs.
 - Collection of serologic specimens.
4. To provide reimbursement to the Health Department for the above activities with the following additional criteria
 - Tuberculin skin testing of high-risk persons is done as defined by the CDC (MMWR June 9, 2000, Vol. 49, No. RR-6)
 - The administration and reading of a skin test shall be considered one visit.
 - Screening skin tests given in school programs, employee health programs, etc. that are not done as part of a contact investigation or are not done for a person with a medical or population risk factor will not be reimbursed.
 - The provision of X-rays, including interpretation, to determine the presence or absence of active disease, or to document response to therapy.
 - Physician services for medical evaluations and public health nursing visits to patients who have suspected or confirmed active TB disease and for persons who meet the classification of high-risk persons.*
5. To purchase medications necessary for the treatment of *M. tuberculosis*, both active disease and infection and to arrange for their delivery to the Health Department for medication administration as part of Directly Observed Therapy (DOT) or for instructing patients in self administration. The medication program is also provided to promote the completion of therapy and the monitoring of the patient for disease symptoms and medication side effects.

(Page one of two)

Memorandum of Understanding for Tuberculosis Dispensary Services

The Health Department Agrees

1. To provide or arrange for public health dispensary services for the diagnosis and treatment of persons suspected of having or diagnosed with *M. tuberculosis* according to federal regulations, state statutes and rules, the CDC and the WI TB Program guidelines.
2. To maintain records of services provided and billed to the Bureau as well as costs and receipts which the Health Department will make available for audit by the Department of Health and Family Services to include at least the following:
 - The name of each person served
 - The date of service for each person served
 - The type of service provided to each person
 - The amount the dispensary billed and received for providing service to each person
3. To maintain and submit such records as required by the Health Department and the Bureau to enable them to carry out their responsibilities.
4. To use net income in excess of expenses from fees collected from recipients of public health dispensary services (if applicable) to finance case finding, targeted testing and treatment programs in the community as approved by the Bureau and in accordance with the health department plan for tuberculosis control and prevention at the local level.
5. To not seek reimbursement for services provided to patients who are Medicaid recipients or meet the screening criteria for presumed Medicaid eligibility at the time of service. If the Health Department is aware of a person's third party payment coverage for services, such as Medicare or private insurance, arrangements for that care and billing as a primary billing source should be made, if possible, without losing the person to care.

Changes made in federal regulations, state statutes or administrative rules during the time period of this agreement are binding to both parties.

Funding provided by the Wisconsin TB program is to complement the efforts of the local health department to prevent, control and eventually eliminate TB in Wisconsin and is not to be used to supplant local funding.

TB Program payments are subject to recoupment if the provider bills for the same service twice.

IN WITNESS THEREOF, the parties hereto execute this Understanding:

Health Department Official	Date	
Health Department		

Health Department Financial Official	Date	
Health Department		

Sheri Johnson, Ph.D. Administrator	Date	
DIVISION OF PUBLIC HEALTH		

Sample Scenarios for TB Clinical Services Billing [draft]

Services are delivered and billed based upon the clinical need for TB services. These needs may exceed or be less than these samples.

Clinically necessary services that exceed the maximums documented in the "Summary of TB Clinical Services Reimbursement HFS 145.13" should be brought to the attention of the WI TB Program for resolution.

Person who becomes an active TB Case

April, 2005

Services Provided or Arranged	MA Code	Amount	Allocation Range Estimates
Initial Skin Test	86580	\$ 9.21	\$ 9.21 to \$18.42
Chest x-ray & interpretation, two views	71020	\$35.42 x 2	\$35.42 to \$70.84
Medical Evaluation by physician	Multiple codes	Up to \$70.00 x 2	\$70.00 to \$140.00
PHN Services – Pt. Educ./Anticipatory Guidance	S9445	\$37.57/hr	\$37.57/hr - necessary services - per plan
PHN services/visits for a coughed sputum		PHN visit + or - 20 min.- for the collection - the education, monitoring, etc. done billable also	Cost per/hr. same as other services at the visit [Such as "Prev. med. counseling &/or risk factor red." at \$37.57/hr.]
Sputum Induction, aerosol technique, no meds.	89350	\$14.86/service - Max. 9 VS	\$14.86 to \$44.58 to \$133.74
Sputum Induction, aerosol technique with meds	94664	\$16.82/service - Max. 6 VS	\$16.82 to \$50.46 to \$100.92
Blood Specimen collection for liver function tests		\$3.88/service - Max. 4 VS	\$3.88 to \$15.52
PHN Case Management		\$43.27/hr, necessary services up to 66 VS, case man. & DOT together	\$43.27/hr for necessary services - per plan & according to care documentation
DOT Visits, active disease	99401 to 99404	\$37.57/hr, necessary services up to 66 VS, case man. & DOT together	\$37.57 to \$2479.62
Totals will be unique to plan & pt.			Could be: \$250.00 to \$2900.00 or more

Person who is a suspect treated for TB then TB is ruled out

Services Provided or Arranged	MA Code	Amount	Allocation Range Estimates
Initial Skin Test	86580	\$ 9.21	\$ 9.21 to \$18.42
Chest x-ray & interpretation, two views	71020	\$35.42	\$35.04
Medical Evaluation by physician	Multiple codes	Up to \$70.00	\$70.00
PHN Services - Pt. Educ./Anticipatory Guidance	S9445	\$37.57/hr	\$37. 57/hr necessary services – per plan
Sputum Induction, aerosol technique, no meds.	89350	\$14.86/service	\$14.86 to \$44.58
Sputum Induction, aerosol technique with meds	94664	\$16.82/service	\$16.82 to \$50.46
Blood Specimen collection for liver function tests		\$3.88/service	\$3.88
PHN Case Management		\$43.27/hr	\$43.27/hr, necessary services, per plan
DOT Visits, active disease	99401 - 99404	\$37.57/hr, VS prior to TB rule out	\$37.57 to \$???
Totals will be unique to plan & pt.			??\$250.00?? to ???

Person with a + PPD who is treated for LTBI

Services Provided or Arranged	MA Code	Amount	Allocation Range Estimates
Initial Skin Test	86580	\$ 9.21	\$ 9.21 to \$18.42
Chest x-ray & interpretation, two views	71020	\$35.42	\$35.42
Medical Evaluation by physician	Multiple codes	Up to \$70.00	\$70.00
PHN Services – Pt. Educ./Anticipatory Guidance	S9445	\$37.57/hr	\$37.57/hr for nec. services - per plan
Sputum induction without meds (if nec.)	89350	\$14.86/service	\$14.86 to \$44.58
Sputum Induction with meds (if nec.)	94664	\$16.82/service	\$16.82 to \$50.46
Blood Specimen collection for liver function tests		\$3.88/service	\$3.88 to \$34.92
Totals will be unique to person.			\$172.00?? to \$290.00 ???

Goal (or purpose, mission, etc.)

To ensure that TB clinical and medical services are delivered promptly and effectively in _____ County [or City], regardless of the person's insurance or financial status, to ensure that the health of the public is protected.

Agreements

- Agreements are in place (or being developed) with the following medical providers to provide the following services (Ex.: physician/medical evaluations, x-ray services, laboratory, etc.)

(Table optional, list is OK, services at your "discretion" – whatever ones you use/need)

Type of services	Provider	Verbal or written agreement
Physician evaluations		
Chest x-rays, CT scans		
Sputum Inductions		
Venipunctures		

- Agreements are in place (or being developed) with the following providers to provide for prompt inpatient care, including Isolation and/or Confinement for active pulmonary cases if necessary

Type of service	Provider	Verbal or written agreement
Respiratory precautions		
Isolation room		
Guard services if indicated		

Assessments**Clinical Assessments**

All clients and patients referred or presenting themselves for TB services will be assessed according to health department policies, procedures and practices. Care provided or arranged for will be done according to statutes, rules, guidelines and CDC protocols with emphasis on the protection of the health of the public.

Financial Assessments

All clients and patients referred or presenting themselves for TB services will be briefly assessed for the ability to provide private insurance or Medicare/Medicaid coverage. Qualification or presumptive qualification for standard medical assistance and/or for Tuberculosis-Related Medical Assistance (the TR benefit) will be explored if possible. Persons needing TB services who are not insured or are underinsured (such as deductible not met, or they have a co-pay requirement) will receive prompt TB services regardless of the ability to pay. These services will be billed at the current medical assistance rate to the WI TB Program Dispensary Services.

High-risk Persons

The following high-risk groups will be targeted for skin testing, active disease case finding and early detection and treatment of latent TB infection through the following methods. As additional incidence or prevalence in the community is uncovered, this plan will be adjusted. (Use a table or a list, a brief paragraph for each population effort, etc.)

Documentation

Records of all TB services provided or arranged for will be kept according to health department record policies and procedures and on forms/in formats that are efficient and useful in the health department and will be made available for audit by the WI TB Program.

Memorandum of Understanding (MOU)

An MOU signed by both the health department administrative official and the financial officer will be forwarded annually to the TB Program for signature by the State of Wisconsin Division Administrator for the Division of Public Health. This MOU is effective for the period of time specified in the agreement and governs the provision and reimbursement of dispensary services. **A new annual MOU along with a budget proposal should be submitted to the WI TB Program by May 1st of each year with a beginning date of July 1st for that year.**

Billing

Billing and reimbursement for TB services is submitted by the health department on a quarterly basis at the MA reimbursement rate

Budget

- **Initially: Submit a budget estimate of anticipated service requirements for a one-year period, the period coordinating with the MOU year (e.g. July 1, 2005 through June 30, 2006).**
- **Annually: Submit a projected annual budget request no later than May of the preceding budget year with submission of each new MOU for subsequent state fiscal years.**
- **These submissions should reflect the data used to establish the requested budget amount specified in the agreement.**

Other

Whatever else the health department may want to highlight.

The plan should only require about two pages; binding details are in the MOU.